

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-043283

STATE FILE NUMBER

Registration District No. 172 Primary Registration District No. 4272 Registrar's No. 98

DO NOT WRITE
ON THIS STUB

AMENDED

FILED DEC 4 1962

| | | | |
|--|---|--|---|
| 1. NAME OF DECEASED a. COUNTY <u>Lafayette</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Lafayette</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Waverly</u> | | c. CITY OR TOWN <u>Waverly</u> | |
| c. FULL NAME OF (If NOT in Hospital, give location) <u>At home</u> | | d. STREET ADDRESS (If outside, give location) <u>At home</u> | |
| 3. NAME OF DECEASED (Type or print) First <u>August</u> Middle <u>William</u> Last <u>Finkeldei</u> | | 4. DATE OF DEATH Month <u>November</u> Day <u>30</u> Year <u>1962</u> | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>7/4/1877</u> |
| 9. AGE (last birthday) <u>85YRS.</u> | | 10. IF UNDER 1 YEAR IF UNDER 24 HR Months <u>4</u> Days <u>26</u> Hours <u> </u> Min. <u> </u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u> | |
| 11. BIRTHPLACE (City and state or country) <u>Piermont, Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY <u>USA</u> | |
| 13a. FATHER'S NAME <u>August William Finkeldei</u> | | 13b. MOTHER'S MAIDEN NAME <u>Caroline Kipp</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>Anna M. Finkeldei</u> | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | |
| 16. SOCIAL SECURITY NO. <u> </u> | | 17. INFORMANT <u>Frances F. Cardwell</u> | |
| 18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocardial Decompensation</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u> </u> DUE TO (c) <u> </u> | | INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u> | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u> </u> | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u> </u> | |
| 20c. TIME OF INJURY Hour <u> </u> a.m. <u> </u> p.m. Month, Day, Year <u> </u> | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u> </u> | 20f. CITY, TOWN, OR LOCATION <u>Waverly</u> |
| 21. I attended the deceased from <u>August 1961</u> to <u>Nov II-62</u> and last saw her/him alive on <u>Nov II-62</u> Death occurred at <u>11:35</u> A.M. on the date stated above, and to the best of my knowledge, from the causes stated. | | 22a. SIGNATURE <u>Led</u> (Degree or title) 22b. ADDRESS <u>Waverly</u> 22c. DATE SIGNED <u>12-1-62</u> (State) | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | 23b. DATE <u>12/2/62</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>BLACKBURN</u> | 23d. LOCATION (City, town, or county) <u>BLACKBURN Mo.</u> |
| 24. FUNERAL DIRECTOR <u>Gene Miller Sweet Springs Mo</u> | | 25. DATE RECD. BY LOCAL REG. <u>Dec. 1st 1962</u> | |
| 26. REGISTRAR'S SIGNATURE <u>Lutie Gordon Jordan</u> | | 27. (Licensed Embalmer's Statement on Reverse Side) | |

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

DEC 10 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Cleve Y. Miller

Licensed Embalmer No. 4783

P. O. Address Sever Springs Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.